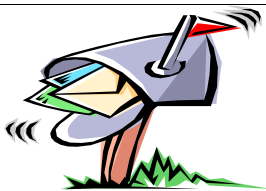


ENCOUNTER KEYS

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PENDING UB-92'S WITH MISSING DATA!

Missing data, such as Admit Hour, Discharge Hour, as well as incorrect Patient Status are causing form B encounters to pend unnecessarily. Many of these pends can be avoided if **all available claim information is submitted** on Form B encounters.



"Night brings our troubles to the light, rather than banishes them."
Seneca

REPORT HIGHEST SPECIFICITY DX TO MINIMIZE DENIALS

The following information is from the "Pathology/Lab Coding Alert Newsletter."

The ICD-9 codes effective October 1, 2000, include the expansion of several codes to require an additional digit. Officials from the Health Care Financing Administration (HCFA) and many third-party payers expect specific diagnosis coding. Ignoring those expectations may lead to claim denials and audits. Coders can ensure that they are meeting HCFA and other payers' requirements to report di-

agnoses to the highest degree of specificity by following these simple guidelines found in the August 2000 Pathology/Lab Coding Alert:

1. More digits equals more detail.
2. Use three-digit codes only when a specific code is not available.
3. Select diagnostic coding resources carefully.
4. Use coding resources accurately.

5. Avoid catchall codes.

6. Understand the difference between unspecified and other specified.

7. Pathologists should use signs and symptoms (780-799) infrequently.



Dilemmas

For the months of September and October, pened encounters with the following error code conditions will not be sanctioned.

A950 – Data Gathering Error

Note regarding the above edit. This edit was mentioned in the May-June, 2000 Keys. Due to several system enhancements it is anticipated that most of the encounters currently pending for A950 will reprocess during the October encounter cycle. When this occurs, these encounters will pend for the true error condition preventing them from adjudicating. This will result in Plans/Contractors suddenly seeing these older (60+ days) encounters on their October cycle aged pend reports and pending encounter files. Sanctions will be waived on any encounters delayed because of this issue.

S385 – Service Units Exceed Maximum Allowed (only the 80000 procedure codes and the Dental Codes)



"Be careless in your dress if you must, but keep a tidy soul."

Mark Twain

CODING BOOT CAMP

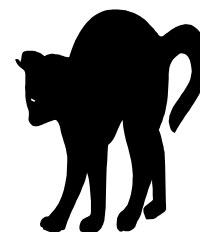
Interested in an intensive education on ICD-9 and CPT coding and billing? Part B News, a publication on coding and documentation for physician services is sponsoring a Coding Boot Camp for 3-1/2 days which is scheduled for December 5-8, 2000 in Alexandria, Virginia, March 13-16, 2001 in Baltimore, Maryland, and July 10-13, 2001 in Alexandria, Virginia.

This boot camp will leave you armed with the training and tools for filing accurate and complete claims and encounters! For further information contact the conference coordinator at 800-260-1545.

GOODBYE LOIS AND SANDRA

Effective 10/12/2000 Sandra Jeademann will no longer be with the Encounters Operations Unit. Sandra has accepted a position with the Office of Medical Management.

Beginning October 23, 2000 Lois Golden will be reassigned within the Office of Managed Care to the Administration Unit. We will miss Lois and Sandra and wish them the best of luck in their new positions.



"The best thing about animals is that they don't talk much."

Thornton Wilder

HEALTH PLANS REASSIGNED

The Encounter Operations Unit has reassigned Technical Assistants to the Health Plans. Listed below are the assigned Technical Assistants for each Plan.

Deborah Burrell (602) 417-4079

ADHS
AP/IPA
Maricopa Managed Care
Mercy Care
Phoenix/Community Connection
Pinal County LTC

Peggy Brown (602) 417-4662

Cigna
Cochise Health Systems
CRS
DES-CMDP
DES-DDD
Health Choice
Lifemark Corporation
NEAZ
University Family Care
Yavapai County

UPDATE ON CODE CHANGES



“A good scare is worth more than good advice.”

Proverb

CODES DESCRIPTION	NEW DAILY MAXIMUM
J2180 Injection, Meperidine & Promethazine HCL, Up to 50 mg	4
J1644 Injection, Heparin Sodium, Per 1000 units	4
L8400 Prosthetic Sheath, Below Knee, Each	12/day, 12/6 month
L8410 Prosthetic Sheath, Above Knee, Each	12/day, 12/6 month
L8415 Prosthetic Sheath, Upper Limb, Each	12/day, 12/6 month
L8417 Prosthetic Sheath/Sock, Including A Gel Cushion Layer,	12/day, 12/6 month
L8420 Prosthetic Sock, Multiple Ply, Below Knee, Each	12/day, 12/6 month
L8430 Prosthetic Sock, Multiple Ply, Above Knee, Each	12/day, 12/6 month
L8435 Prosthetic Sock, Multiple Ply, Upper Limb, Each	12/day, 12/6 month
L8440 Prosthetic Shrinker, Below Knee, Each	12/day, 12/6 month
L8460 Prosthetic Shrinker, Above Knee, Each	12/day, 12/6 month
L8470 Prosthetic Sock, Single Ply, Fitting, Below Knee, Each	12/day, 12/6 month
L8480 Prosthetic Sock, Single Ply, Fitting, Above Knee, Each	12/day, 12/6 month
L8485 Prosthetic Sock, Single Ply, Fitting, Upper Limb, Each	12/day, 12/6 month

**The following procedure codes have been added to the
Provider Type 23 – Home Health Agency
And assigned to Category of Service 15.**

- K0531 Humidifier, Heated, Used With Positive Airway Pressure Device
- K0532 Respiratory Assist Device, Bi-Level Pressure Capability, Without
- K0533 Respiratory Assist Device, Bi-Level Pressure Capability, With Back
- K0534 Respiratory Assist Device, Bi-Level Pressure Capacity, With Back

CHANGE IN THE MINIMAL AGE FOR CODES LISTED BELOW

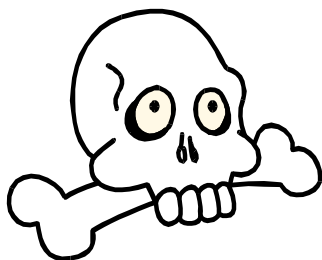
Minimal Age Is Now 1 Year Of Age

- 540.0 - Acute Appendicitis With Generalized Peritonitis
- 540. - Acute Appendicitis
- 540 . 1 Acute Appendicitis With Peritoneal Abscess
- 540 . 9 Acute Appendicitis Without Mention Of Peritonitis

**The procedure codes listed below have been added to the
Place of Service 61 (Comprehensive Inpatient Rehabilitation Facility)**

- 95832 Muscle Testing, Manual (Separate Procedure); Hand
- 95833 Muscle Testing, Manual (Separate Procedure); Total Evaluation
- 95834 Muscle Testing, Manual (Separate Procedure); Total Evaluation
- 95852 Range Of Motion Measurements And Report (Separate Procedure)
- 95857 Tensilon Test For Myasthenia Gravis;
- 95858 Tensilon Test For Myasthenia Gravis; With Electromyographic Recording
- 95860 Needle Electromyography, One Extremity With Or Without Related Paraspinal Areas
- 95861 Needle Electromyography, Two Extremities With Or Without Related Paraspinal Areas
- 95863 Needle Electromyography, Three Extremities With Or Without Related Paraspinal Areas
- 95864 Needle Electromyography, Four Extremities With Or Without Related Paraspinal Areas
- 95867 Needle Electromyography, Cranial Nerve Supplied Muscle
- 95868 Needle Electromyography, Cranial Nerve Supplied Muscle
- 95869 Needle Electromyography; Thoracic Paraspinal Muscle
- 95870 Needle Electromyography; Limited Study Of Muscles In One Extremity Or Non-Limb
- 95872 Needle Electromyography Using Single Fiber Electrode
- 95875 Ischemic Limb Exercise With Needle Electromyography
- 95900 Nerve Conduction, Amplitude And Latency/Velocity Study
- 95903 Nerve Conduction, Amplitude And Latency/Velocity Study
- 95904 Nerve Conduction, Amplitude And Latency/Velocity Study





"We make up horrors to help
us cope with the real ones."
Stephen King

**Encounter
Operations** Edit
Resolution Documents
are on the Web page.
Find the information
under the Edit
Resolution
Document – [www.
ahcccs.state.az.us](http://www.ahcccs.state.az.us)

PROCEDURE & DIAGNOSIS CODE CHANGES

COVERAGE CODE

CODE	DESCRIPTION	COVERAGE CODE	LIMIT	COMMENTS
J0286	Injection, Amphotericin B, any lipid formulation 50 mg	Coverage Code 01	Procedure Daily Maximum 008	Added to Place of Service 12
J1450	Injection, Fluconazole,	Coverage Code 01	Procedure Daily Maximum 002	Added to Provider Type 03 ((Pharmacy) Effective 01/01/2000

The **diagnosis code 305.10** – Tobacco Use Disorder, Unspecified Use has a coverage code of 02 with an effective date of 04/01/1995.



PROVIDER ADDITION

The **procedure code 99078** – Physician Educational Services Rendered to Patients In a Group Setting (E.G. Prenatal, Obesity, or diabetic instructions) has been added to the Provider Type 19 – Registered Nurse Practitioner



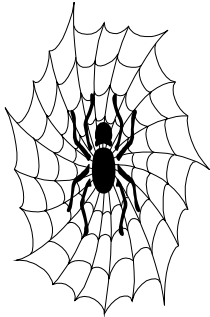
AGE CHANGE

The **procedure code 90669** – Pneumococcal conjugate vaccine, polyvalent, for intramuscular use was changed by AMA/CPT on July 1, 2000 to state "for children under 5 years". Prevnar, the first pneumococcal vaccine to be approved for children under 2 years, was approved by the FDA on 02/17/2000. Prevnar may be reported using 90669 when not administered under the Vaccines for Children's Program. The maximum age for this vaccine is 5 years old.



The **procedure code 90732** – Pneumococcal Polysaccharide Vaccine, 23-valent, adult dosage was changed to read "or immunosuppressed patient." The minimum age for this vaccine is 2 years old.





BEWARE OF COMMON TRAPS IN EMERGENCY DEPARTMENT CODING

According to the “Physician Practice Coder,” a news and guidance for billers of physician services, Vol.6 No. 9, September 2000, the common coding traps to avoid when coding emergency department services are:

- ◆ Emergency department (ED) physicians must carefully document their medical decision making (MDM) — it’s the key to your code level.
- ◆ Verify that ED doctors’ documents agree with any nursing notes.
- ◆ When circumstances don’t allow a complete history or physical, document the reason the physician was unable to obtain a history or complete a physical in order to obtain the emergency medicine caveat that gets you to the higher level codes .
- ◆ Don’t make the common mistake of counting body areas to reach the comprehensive exam needed for code 99285.
- ◆ Choose the categories under Number of Diagnoses or Management Options based on the problem, not the final diagnosis.
- ◆ View the MDM as both the problem and what the physician did about it.
- ◆ Look at the ED procedures that are not included in 99291.
- ◆ Avoid the common mistake of confusing 92960 (elective electrical conversion of arrhythmia) with CPR code 92950.
- ◆ Realize that for most ED patients, there’s an appropriate E/M level along with a surgical procedure code.
- ◆ Code for use of tissue adhesive such as Dermabond.
- ◆ Use E/M codes for sprains if the physician doesn’t perform any manipulation or other orthopedic work.
- ◆ Don’t bill separately for cast and strapping application codes (29000-29590) if an orthopedic code was billed for the ED physician.

